Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Smell

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			96					RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	96 min	6 minus 20=		76	ΙΙ	X\$ 9=	684	OR	X\$18=	
IND	EPENDENT CL	AIMS	15 mi	/5 minus 3 =		2		X42=	504	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					,] [+140=	B	OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ı	TOTAL	1558	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column)	SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM			X42=		OR	X84=	
_	THOTTHEOL	NATION OF MI	OLIN EL DEI	ENDEN	T OBAIN		-	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. I GE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=	4 [X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	CLAIIVI		┙╽	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	and the second state of the second se	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	<u> </u>	4 [X42=		OR	X84=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDEN				I CLAIM		┙╽	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OD.	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												